DOCUMENT # N00000000267

1. Entity Name

SABAL CHASE PROPERTY OWNERS, INC.

FILED
Jul 11, 2000 8:00 am
Secretary of State
02-15-2000 90048 006 ****61.25

Principal Place of Business	Mailing Address
4512 PINE CONE PLACE COCOA FL 32926	4512 PINE CONE PLACE COCOA FL 32926-3322

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3655169 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLEKE, ROBERT N JR 129 LOST LAKES DRIVE COCOA FL 32926	Name: ROBERT N. WILLEKE, JR Street Address (P.O. Box Number is Not Acceptable): 4512 PINE CONE PL City: COCOA FL Zip Code: 32926

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: [signature] 1-21-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: PTD. D ☐ Delete NAME: WILLEKE, ROBERT N JR STREET ADDRESS: 129 LOST LAKES DRIVE CITY-ST-ZIP: COCOA FL 32926	TITLE: ☒ Change ☐ Addition NAME: STREET ADDRESS: 4512 PINECONE PLACE CITY-ST-ZIP:
TITLE: VSD D ☐ Delete NAME: WILLEKE, JUDY ROCKWELL STREET ADDRESS: 129 LOST LAKES DRIVE CITY-ST-ZIP: COCOA FL 32926	TITLE: ☒ Change ☐ Addition NAME: STREET ADDRESS: 4512 PINE CONE PLACE CITY-ST-ZIP:
TITLE: VD ☒ Delete NAME: GILES, JOHN DENNIS SR STREET ADDRESS: 2533 MEADOW LANE CITY-ST-ZIP: COCOA FL 32926	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: T ☐ Delete NAME: Fredlund, Margaret STREET ADDRESS: 235 Eyre Avenue CITY-ST-ZIP: Merritt Island, FL 32953	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELECTRONICALLY FILED 1-21-00 407-636-3708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #